

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-187</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EAGLES NEST RETREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>320 CHISHOLM TRAIL</b> <b>JACKSONVILLE, NC 28546</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow up survey was completed on March 13, 2025. A deficiency was cited.  This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to develop and implement strategies based on assessment for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 3/13/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 2/01/25.</li> <li>- Diagnosis of Autism Spectrum Disorder.</li> <li>- Person-Centered Plan (PCP) revised on 1/09/25.</li> <li>- No strategies for staff to address client #3's use of continuous positive airway pressure (CPAP) machine and cleaning.</li> </ul> <p>Observation on 3/13/25 at approximately 1:30pm revealed:</p> <ul style="list-style-type: none"> <li>- Client #3's bedroom had a CPAP machine at his bedside.</li> </ul> <p>Interview on 3/13/25 client #3 stated:</p> <ul style="list-style-type: none"> <li>- He had been at the facility for about a month.</li> <li>- He had a CPAP machine that he used when he slept.</li> <li>- He used the CPAP machine every night.</li> <li>- He had used the CPAP machine "for a long time" and would clean it "a little bit" when needed.</li> </ul> <p>Interview on 3/13/25 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- He had worked at the facility for approximately 1.5 years..</li> <li>- He had not had formal training in the use and</li> </ul>	V 112		

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V 112	<p>Continued From page 2</p> <p>cleaning of client #3's CPAP machine but has been shown how to clean it.</p> <ul style="list-style-type: none"> <li>- Client #3 was independent with the use of his CPAP machine and was diligent with CPAP use.</li> <li>- Staff assisted client #3 with making sure that his CPAP machine was properly maintained.</li> </ul> <p>Interview on 3/13/25 staff #2 stated:</p> <ul style="list-style-type: none"> <li>- She had worked at facility for approximately 6 months.</li> <li>- She was aware that client #3 used a CPAP machine at night.</li> <li>- She had not had any experience with client #3's CPAP machine and did not assist in the cleaning or preparation of the device.</li> </ul> <p>Interview on 3/13/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Client #3 was a new admission.</li> <li>- They were not initially aware of client #3's use of the CPAP machine but had secured a physician appointment and were making plans to have staff trained on the device.</li> <li>- He understood client #5's PCP needed to contain strategies to address his CPAP usage and was already working to address the areas of need.</li> </ul>	V 112		